

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/21/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  292501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/20/2008
NAME OF PROVIDER OR SUPPLIER  LAS VEGAS DIALYSIS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 W CHARLESTON 100 LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	INITIAL COMMENTS  Surveyor: 07860  This Statement of Deficiencies was generated as the results of the Medicare re-certification survey and complaint investigation completed at your facility on 8/20/08.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting and criminal or civil investigations, actions, or other claims from relief that may be available to any party under applicable federal, state, or local laws.  The census at the time of the survey was 198.  15 patient records were reviewed. 4 patient interviews were conducted.  2 complaints were investigated: NV18783 was substantiated, see TAG V265. NV18684 was not substantiated.	V 000	V 232 405.2139(a) MEDICAL RECORDS: PATIENT ASSESSMENTS  As of August 26, 2008, all missing Social Services assessments were completed. All care plans missing signatures on the Social Worker line will be reviewed, completed and signed by the Social Worker on or before August 29, 2008.  As of August 22, 2008, chart audits were initiated to ensure completion of medical records. A designated staff member was assigned to perform chart audits on at least 30% of the total census every month. A copy of the chart audit form is attached.  Please see Exhibit A.		08/29/08
V 232	The following deficiencies were noted: 405.2139(a) MEDICAL RECORDS: PATIENT ASSESSMENTS  All medical records contain documented evidence of assessment of the needs of the patient.  This STANDARD is not met as evidenced by: Surveyor: 07860 Based on record review the facility failed to provide evidence of an assessment of the social services needs for 3 of 15 patient records reviewed.  Findings include:	V 232	Person responsible: Facility Administrator  POC acceptable FPS 9-3-08		08/22/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Janifer Salazar*

Facility Administrator

8/27/08

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 232	Continued From page 1  There was no evidence in the patient records for patients #10, #3 and #6 that a social services assessment had been conducted. Likewise, the care plan did not contain a signature in the social worker line, to indicate that social services were involved with the plan of care for these patients.  Patient #10 was admitted for services on 3-14-08. Patient #3 was admitted for services on 5-19-08. Patient #6 was admitted for services on 7-4-08.	V 232	V 265 405.2140 (b) PE: FUNCTIONAL/ SANITARY/COMFORTABLE  As of August 27, 2008, 12 dialysis recliner chairs have been ordered to replace those that have tears. Enclosed are the purchase order forms, two of which are dated 08/19/08 and one that is dated 08/27/08.		09/16/08
V 265	405.2140(b) PE: FUNCTIONAL/SANITARY /COMFORTABLE  The facility is maintained and equipped to provide a functional, sanitary and comfortable environment with an adequate amount of well-lighted space for the service provided.  This STANDARD is not met as evidenced by: Surveyor: 07860 Based on observation the facility failed to maintain a sanitary and comfortable environment with respect to the clinical furniture. At least 12 of the 38 recliner chairs available for patients during hemodialysis were observed to have visible tears in the material covering the surface of the back and/or seat cushions. Most of the tears observed ranged from 3 inches to 12 inches in length. The surfaces of many of these damaged cushions had been taped in an attempt to repair the tears. On some chairs, the tape had worn off and the surface of the material covering the cushions had a slightly sticky residue.  Complaint NV18783	V 265	Please see attached Exhibit B.  Expected date of delivery for chairs ordered on 08/19/08 will be on 09/09/08. For those ordered on 08/27/08, the expected date of delivery will be on 09/16/08.  To prevent further occurrences, housekeeper will inspect all chairs weekly and report any damaged chair/s to the Facility Administrator, who will then make arrangements to replace damaged chairs immediately.  Person responsible: Facility Administrator		